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20786      7590      12/26/2006

KING & SPALDING LLP  
 1180 PEACHTREE STREET  
 ATLANTA, GA 30309-3521



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<b>Deborah Stephens</b>	(Depositor's name)
<i>Deborah Stephens</i>	(Signature)
<i>February 8, 2007.</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/697,969	10/29/2003	T. Mike McMillan	64671-0525	8989

**TITLE OF INVENTION: COMMUNICATION CABLES INCLUDING COLORED CONDUCTORS OR FIBERS AND METHODS FOR MAKING AND USING THE SAME**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	
NGUYEN, CHAUN	2831	174-112000	02/13/2007 EHAILE2 00000019 10697969

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1400.00 UP 300.00 UP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Michael L. Wach	
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	3	

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**Superior Essex Communications LP**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

**150 Interstate North Parkway, Suite 100  
 Atlanta, GA 30152**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **11-0980** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **Feb. 8, 2007**

Typed or printed name **Michael L. Wach**

Registration No. **54,517**

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